

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036859

Registration District No. 795

Primary Registration District No. 5714

Registrar's No. 55-63

STATE FILE NUMBER

FILED OCT 15 1963

1. PLACE OF DEATH a. COUNTY <b>MC DONALD</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MC DONALD</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>PINEVILLE</b>		c. CITY OR TOWN <b>PINEVILLE</b>	
Length of stay in 1b <b>ALL LIFE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HOME</b>		d. STREET ADDRESS (If outside, give location) <b>NONE</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>FRANCES</b> Middle <b>ELIZABETH</b> Last <b>SLINKARD</b>		4. DATE OF DEATH Month <b>10</b> Day <b>11</b> Year <b>63</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/31/1880</b>
9. AGE (last birthday) <b>82</b>		10. IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	
10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		11. BIRTHPLACE (City and state or country) <b>JANE MISSOURI</b>	
10a. KIND OF BUSINESS OR INDUSTRY <b>HOUSE WIFE</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>JOAB R. BROWN</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA JANE EVANS</b>	
14. NAME OF HUSBAND OR WIFE <b>DECEASED</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. INFORMANT <b>ROY L. SLINKARD - PINEVILLE, Mo.</b>		17. ADDRESS <b>PINEVILLE, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hydrostatic Pneumonia</b> DUE TO (b) <b>Metastatic Pulmonary Carcinoma</b> DUE TO (c) <b>GASTRIC CARCINOMA</b>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Senility</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>10:00</b> a.m. <b>PM</b> Month, Day, Year <b>10-11-63</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>PINEVILLE</b>	
20g. COUNTY <b>MC DONALD</b>		20h. STATE <b>MISSOURI</b>	
21. I attended the deceased from <b>1953</b> to <b>10-11-63</b> and last saw her alive on <b>10-11-63</b> Death occurred at <b>10:00 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>W. F. [Signature]</b>	
22b. ADDRESS <b>Pineville, Mo.</b>		22c. DATE SIGNED <b>10-11-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>10/13/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>JANE CEMETERY</b>	
23d. LOCATION (City, town, or county) <b>JANE MISSOURI</b>		23e. STATE <b>MISSOURI</b>	
24. FUNERAL DIRECTOR <b>DOWNEY WOODARD MOONEY FUNERAL HOMES INC.</b>		25. DATE RECD. BY LOCAL REG. <b>OCT. 11, 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Mary G. Bradley</b>		27. ADDRESS <b>Box 506 Pineville Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

BRIDGEPORT

Bureau Permit Issued OCT 11, 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul G. Marvey

Licensed Embalmer No. 5199

P. O. Address Anderson, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.